

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 24 1996 8:00 am
Secretary of State

DOCUMENT # J36855 (1)
1. Corporation Name
G.K.G.F. CORPORATION, INC.

Principal Place of Business: 6060 SW 18TH ST., SUITE 104 BOCA RATON, FL. 33433
Mailing Address: 6060 SW 18TH ST., SUITE 104 BOCA RATON, FL. 33433

3. Date Incorporated or Qualified: 10/08/86
3a. Date of Last Report
4. FEI Number: 59-2727167 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 429 Walnut Suite, Apt. #, etc.
22 City & State: 23 Rochester, MI Zip: 24 48307 Country: 25 U.S.A.
2a. Mailing Address: 26 429 Walnut Suite, Apt. #, etc.
27 City & State: 28 Rochester, MI Zip: 29 48307 Country: 30 U.S.A.

9. Name and Address of Current Registered Agent: MARSH, GARRY 6060 S.W. 18TH STREET BOCA RATON, FL. 33433
10. Name and Address of New Registered Agent: 81 Name: GARRY MARSH 82 Street Address (P.O. Box Number is Not Acceptable): 5701 Pine Island Road, Suite 370 83 City: Tamarac FL 85 Zip Code: 33321

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.
SIGNATURE: [Signature] DATE: [Date]
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S/V/D <input type="checkbox"/> DELETE	NAME: MARSH, GARRY	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3411 N.W. 71ST ST	CITY-ST-ZIP: COCONUT CREEK FL	1.2 NAME:	1.3 STREET ADDRESS: 4366 ORION ROAD
TITLE: P/T/D <input type="checkbox"/> DELETE	NAME: STRAMAGLIA, KATHERINE	1.4 CITY-ST-ZIP: ROCHESTER, MI 48306	
STREET ADDRESS: 3411 N.W. 71ST ST	CITY-ST-ZIP: COCONUT CREEK, FL	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	NAME:	2.2 NAME:	2.3 STREET ADDRESS: 4366 ORION ROAD
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP: ROCHESTER, MI 48306	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	3.3 STREET ADDRESS:
TITLE: <input type="checkbox"/> DELETE	NAME:	3.4 CITY-ST-ZIP:	
STREET ADDRESS:	CITY-ST-ZIP:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.2 NAME:	4.3 STREET ADDRESS:
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	5.3 STREET ADDRESS: 300001904123
TITLE: <input type="checkbox"/> DELETE	NAME:	5.4 CITY-ST-ZIP:	-07/25/96--01040--023
STREET ADDRESS:	CITY-ST-ZIP:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	***225.00
TITLE: <input type="checkbox"/> DELETE	NAME:	6.2 NAME:	
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: [Signature] GARRY MARSH
DATE: 6/26/96